Wilson Volunteer Fire Company
Junior Membership Application

Date_____

Name_____ SSN_____

Address_____ Phone#(___) _____

_____ Birthday_____

Check Appropriate Box:

Have you ever applied for membership with WVFC in the past? YES___ NO____

Have you ever been convicted of a felony in the past 5 years? YES___ NO____

Have you ever been a member of WVFC or any other organization? YES___ NO____

If you answered YES to any of the questions please give dates and explanations on the reverse side of this application.

References (May not included immediate family members or WVFC members)

Name_____ Phone#_____

Name_____ Phone#_____

Name_____ Phone#_____

Do You Have Permission from Parent or Gardian to become a Jr Member of WVFC

_____ Parent/Guardian Signature

In case of emergency notify: Name_____

Address_____

_____

Phone _____